

Health insurance options for people with disabilities



Brought to you by:



Table of Contents

Introduction	I
Consumers with disabilities who are NOT eligible for Medicare	2
Disability-related programs	2
Free or low-cost programs and services	3-4
Buying health insurance	4-5
Employment-based plans	5
Consumers with disabilities who ARE eligible for Medicare	7
Supplementing Medicare	7
Medicare benefits and employer plans	7
Free or low-cost programs to supplement Medicare	8-9
Private insurance plans to supplement Medicare	10-12
Appendix A – Health insurance options	13

Health insurance options for people with disabilities

This publication will help you understand your options. For more information, contact the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine at 1-800-562-6900 or visit us on the Web at www.insurance.wa.gov.

This publication does not imply endorsement of any option by the SHIBA HelpLine or the Washington State Office of the Insurance Commissioner.

Consumers with disabilities who are **NOT** eligible for Medicare

If you have a disability but are not eligible for Medicare, your health insurance options will depend on:

- your disability
- your income
- private insurance plans available in your county

Disability-related programs

Breast and Cervical Cancer Program

This program provides medical coverage for women with breast or cervical cancer, or a related pre-cancerous condition. Approved providers must screen you, and you must meet income and asset requirements. There are no citizenship requirements.

- Call 1-888-551-3994 or your local health department.

Disease and disability support groups

Many disease and disability support groups, such as the American Cancer Society and the Washington Kidney Foundation, also offer some financial and support services.

- To contact your local group, look in the yellow pages of your phone book.

Early Intervention Program (EIP)

If you have HIV (Human Immunodeficiency Virus) and meet eligibility requirements, this program can provide financial help for medical coverage, prescription drugs, and dental coverage.

- Call 1-800-272-2437 for more information.

Evergreen Health Insurance Program (EHIP)

If you have AIDS (Acquired Immune Deficiency Syndrome), this program can help you pay your insurance premiums.

- Call 1-800-945-4256 for more information.

Tuberculosis

If you have Tuberculosis, contact your local health department for help with your care. To find the nearest office, visit <http://www.doh.wa.gov/LHJMap/LHJMap.htm>.

Look under “county” in the blue government pages of your phone book.

Free or low-cost programs and services

Basic Health Plan

The state of Washington offers Basic Health Plan (BHP) to Washington state residents with low income. Private insurance companies administer BHP. People enrolled in BHP pay on a sliding scale, with premiums based on income, age, family size, county of residence, and choice of carrier.

- Call 1-800-660-9840 or visit www.basichealth.hca.wa.gov

Community health clinics

These clinics offer health services for the entire community on an income-based sliding fee scale. These clinics are available in most counties.

- Call 360-786-9722 or visit www.wacmhc.org for more information.

Healthcare for Workers with Disabilities (HWD) program

This program is for people with disabilities, age 16 through 64, who are working and have income at or below 220 percent of the federal poverty level. You can buy health care coverage based on a sliding scale. HWD has no resource limit requirements.

- Call 1-800-422-3263 to get the phone number for your region or visit <http://fortress.wa.gov/dshs/maa/Eligibility/HWD.htm>.
- For HWD income levels, read the federal poverty level chart on the Web at http://www.insurance.wa.gov/consumers/SHIBA_HelpLine/readonline_shiba.asp. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Hospital Charity Care

Some hospitals offer this program for people who cannot pay their medical bills. They provide either free care or at-reduced prices to limited income people. Also, many hospitals offer financial assistance programs. You must meet income requirements.

- For more information, talk to the hospital billing office staff.

Indian Health Services (IHS)

IHS provides services to American Indians and Alaska natives. It may also provide services to Indians of Canadian or Mexican origin, or to non-Indian women pregnant with an eligible Indian's child.

- Call 503-326-2020 for more information.

Local free clinics

These clinics offer free health care and are often run by volunteers with donated supplies.

- To find a clinic in your area, contact your local SHIBA volunteer through the Insurance Consumer Hotline at 1-800-562-6900.

Medicaid

Medicaid provides health care and prescription coverage to people who qualify by income, assets, health status and disability, and family size. You must be able to prove U.S. citizenship for most Medicaid programs.

- Call 1-877-980-9180 or visit <http://fortress.wa.gov/dshs/maa/eligibility/index.html> (to review your eligibility)

Tribal clinics

These clinics offer health care to tribal members and their families.

- For more information, contact your local tribal government.

Department of Veterans Affairs (VA)

If you are a veteran, you may be entitled to health care and prescription drug coverage through a VA medical facility.

- Call 1-877-222-VETS or visit www.va.gov

Buying health insurance

Private health insurance plans

Private health insurance companies sell health insurance plans to individuals. For a current list of private health insurance plans available in your county, read *Shopping for Individual Health Care Coverage* at http://www.insurance.wa.gov/publications/health/Individual_Health_Care_Coverage.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

When you apply for individual private health insurance in Washington state, the plan will send you a health screen questionnaire. If you fail the screening due to your health, you may be eligible for coverage through Washington State Health Insurance Pool.

Washington State Health Insurance Pool (WSHIP)

WSHIP provides health insurance for people who are turned down for individual health coverage. This plan provides comprehensive coverage, including a prescription drug benefit. WSHIP bases premiums on age and type of plan selected.

WSHIP provides some discount rates to people age 50-64 with low income, people continuously insured with their previous plan, and people who have been in WSHIP for more than three years.

There are two WSHIP options available for people who are not on Medicare:

- The Standard Plan (Plan 1), which is fee-for-service, allows you to go to the doctor of your choice.
- The Network Plan (Plan 3) uses providers from the First Choice network.

– Call 1-800-877-5187 or visit www.wship.org for more information.

Employment-based plans

An employment-based plan is health care coverage you or your spouse receives from a current or past job or union, or through COBRA (Consolidated Omnibus Budget Reconciliation Act). Examples of employment-based plans include TRICARE for Life, the Public Employees Benefits Board, and the Railroad Retirement Board.

These plans may help you pay for some or all of your medical care and hospital costs. Benefits vary according to the plan your employer or union purchased. For more information, read your benefit book or call the number on the back of your insurance card.

Consumers with disabilities who ARE eligible for Medicare

Supplementing Medicare

Medicare is a major medical plan that provides basic benefits. However, it does not pay 100 percent of all medical bills.

Medicare clients pay for premiums, deductibles, and coinsurance. Most clients need some type of plan, policy, or program to fill in the coverage gaps.

People with disabilities face the same gaps in Medicare coverage as clients age 65 and over. However, different rules affect these two groups. Following are the primary options available to people with disabilities who want to supplement their Medicare coverage.

Medicare benefits and employer plans

If you have a health insurance plan through your work or a family member's job, your employer plan will provide your primary coverage if:

- you are on Medicare due to a disability
- you have coverage through a large group health plan (an employer/employee organization of 100 plus workers)

Medicare will serve as your secondary coverage.

If you are **not** covered by an employer plan, Medicare will serve as your primary coverage.

When will I get Medicare?

If you are disabled, and you have received Social Security or Railroad Retirement Act disability benefits for 24 months, you are eligible for Medicare coverage in the 25th month.

ALS (Amyotrophic Lateral Sclerosis) patients (also called Lou Gehrigs Disease) have a shorter wait time to enroll in Medicare.

If you have End Stage Renal Disease (ESRD), you are eligible for Medicare if have one of the following:

- permanent kidney failure
- need regular dialysis
- a kidney transplant and you are receiving Social Security benefits.

You may apply for Medicare benefits with the Social Security Administration (SSA). Call 1-800-772-1213, 1-800-325-0778 (TTY) or visit www.ssa.gov

Free or low-cost programs to supplement Medicare

Medicare Savings Programs

Several Medicare Savings Programs help pay some Medicare expenses for people with limited income and resources. If you are eligible, these programs are free.

- QMB (Qualified Medicare Beneficiary) pays your:
 - ▷ monthly Medicare Part A premium (if any)
 - ▷ your Medicare Part B premium
 - ▷ all of your deductibles and coinsurance
- SLMB (Specified Low-Income Medicare Beneficiary) and QI-1 (Qualified Individual) pays your monthly Medicare Part B premium ONLY.

Income and assets limits

To qualify for eligibility for QMB, SLMB, and QI-1, you must meet income and asset requirements. (Assets do not include your home, your car, or your household belongings).

To find out the income levels for each of these programs, see the federal poverty level chart on the Web at http://www.insurance.wa.gov/publications/consumer/FINAL_FPL_chart.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

For more information, contact one of the following:

- your local Area on Aging agency
- the Department of Social and Health Services (DSHS) through your local Community Service Office (CSO)
- the Medical Assistance HelpLine at 1-800-562-3022

CSO locations and Medicare Savings applications are also available online at <https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>

Medicaid programs

Depending on your disability, income and assets, and family size, Medicaid offers different types of health care coverage. Some Medicaid programs offer coverage for some drugs not covered by Medicare Part D, and help with copays under Part D.

- Call 1-800-562-3022 or visit <https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>

Healthcare for Workers with Disabilities (HWD) program

This program is for people with disabilities, age 16 through 64, who are working and have income at or below 220 percent of the federal poverty level. You can buy health care coverage based on a sliding scale. HWD has no resource limit requirements.

- For HWD income levels, read the *federal poverty level* chart on the Web at at http://www.insurance.wa.gov/consumers/SHIBA_HelpLine/readonline_shiba.asp. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.
- Call 1-800-422-3263 to get the phone number for your region or visit <http://fortress.wa.gov/dshs/maa/Eligibility/HWD.htm>

Extra Help (Low Income Subsidy) for Medicare Part D

If you are eligible for Medicare Savings Programs or Medicaid, you are eligible for Extra Help with prescription drug coverage under Medicare Part D. If you qualify, Extra Help covers your premiums and deductibles, and the coverage gap (also called the donut hole). To apply for Extra Help, contact the Social Security Administration (SSA) at 1-800-772-1213.



Check with the Office of Insurance Commissioner to make sure an insurance company is allowed to do business in Washington state. Call the Insurance Consumer Hotline at 1-800-562-6900.

Private insurance plans to supplement Medicare

Medicare Advantage plans

Medicare Advantage plans, sometimes called Medicare + Choice Plans or Medicare Health Plans, are a different way to get Part A and B. Under these plans, clients get Part A and B through a private insurance company. Clients continue to pay Part A premiums (if it applies), Part B premiums, and the plan's premium (if any).

The plan pays for all medically necessary care covered by Original Medicare (Part A and B). It may also include Part D prescription drug coverage, and added benefits, such as eye and hearing exams, yearly routine exams, and wellness classes.

Medicare Advantage plans do not require waiting periods for pre-existing conditions. However, not all plans are available in every county. Some plans may be full and they may not accept new patients at the time. Also, Medicare Advantage plans do not accept clients with End Stage Renal Disease (ESRD).

The four most common types of Medicare Advantage plans include:

- Managed care/Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Private Fee for Service (PFFS)
- Medicare Medical Savings Accounts (MSA)

Managed care /HMO: This plan requires you to get all of your care from a list of providers (except for some emergency care). Your plan may require your primary care doctor to provide you with a referral before you can see a specialist or go to the hospital.

Be aware, if you have an HMO plan and you choose a stand-alone Medicare Part D plan, your insurance company will disenroll you and return you to Original Medicare.

PPO plan: This plan pays more if you obtain care from doctors or hospitals that contract with the insurance plan. These providers and hospitals are referred to as “network” providers. You will pay more if you go to a doctor or hospital not listed in the plan's network.

Be aware, if you have a PPO plan and you choose a stand-alone Medicare Part D plan, your insurance company will disenroll you and return you to Original Medicare.

PFFS plan: This plan allows you to choose doctors and hospitals, switch doctors at your discretion, see specialists without referral, and move or travel in the United States without losing coverage or paying extra. It also covers all Medicare-covered care from any doctor willing to accept it.

However, a doctor or hospital can accept or reject participation with this plan at any time. Check with your health care provider before you sign up for this type of plan, and each time before you obtain care.

Medicare MSA: These Medicare plans are similar to Health Savings Accounts available for people without Medicare. An MSA has two parts. The first part is a high deductible health insurance plan. This insurance plan will pay for covered costs after you meet the annual deductible. It does not provide prescription drug (Part D) coverage. But you may join a stand-alone Part D plan.

The second part is a savings account that Medicare deposits money into so you may pay your health care costs. You may use your savings account to pay the deductible on your high deductible health plan and any other qualified expenses your plan does not cover, such as vision and dental fees, and over-the-counter drugs. And, the funds are not subject to income tax.

Read the SHIBA HelpLine chart *Medicare Advantage Plans offered in Washington state* to find out:

- Which Medicare Advantage plans are available in your area
- Which Medicare Advantage plans include Part D coverage
- When you can join, switch, or leave a Medicare Advantage Plan

The chart is available on the Web at <http://www.insurance.wa.gov/publications/consumer/MedicareHealthPlan.pdf>. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

To compare plan features and benefits, visit www.medicare.gov or call 1-800-MEDICARE (633-4227).

Other types of Medicare Advantage plans

There are other Medicare Advantage plans for people with special needs, such as people who live in nursing homes or who have certain chronic medical conditions. These plans include Special Needs plans, PACE plans, Cost plans, and Demonstration plans. For more information, read the *Medicare and You* online at www.Medicare.gov or call 1-800-MEDICARE (633-4227).

For more information about available plans enrollment timelines, read the SHIBA

HelpLine chart *Medicare Advantage Plans offered in Washington state* on the Web at <http://www.insurance.wa.gov/publications/consumer/MedicareHealthPlan.pdf>. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Medigap (Medicare Supplement) plans

Medigap plans are private health insurance policies that provide you with a way to pay for the gaps in coverage left by Medicare. You must enroll in Medicare Part B to buy a Medigap plan. If you want prescription drug (Part D) coverage, you must separately enroll in a Part D plan, either through the same insurance company, or a different company.

For Medigap rates, read the chart *Approved Medigap (Medicare Supplement) plans for people with disabilities* on the Web at http://www.insurance.wa.gov/publications/consumer/Disability_Medigap_Plans.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

If you are under age 65 and eligible for Medicare due to a disability, insurance companies may decline to sell you a Medigap plan.

Washington State Health Insurance Pool (WSHIP)

If an insurance company turns you down, you may apply for health coverage through the Washington State Health Insurance Pool (WSHIP). WSHIP offers the “Basic Plan” to people who are enrolled in Medicare Part A and B, and who are unable to buy a Medigap plan from a private health insurance company.

Call 1-800-877-5187 or visit www.wship.org

Appendix A – Health insurance options

	If you do not have Medicare, you may qualify for:	If you have Medicare, you may qualify for:
Free or low income (If you meet eligibility requirements, you may qualify for some of these programs.)	<ul style="list-style-type: none"> • Medicaid • HWD • Basic Health Plan • Community health clinics • Local free clinics • Hospital Charity Care 	<ul style="list-style-type: none"> • Medicare Savings Programs (QMB/SLMB/QI-1) • LIS (Part D Extra Help) • Medicaid • Community health clinics • Local free clinics • Hospital Charity Care • HWD
Private health coverage	<ul style="list-style-type: none"> • Private health insurance plans • WSHIP (Plan 1 and Plan 3) 	<ul style="list-style-type: none"> • Medicare Advantage plans • Limited Medicare Supplement plans (For people under age 65) • WSHIP (Basic Plan)
Employment-based plans	<ul style="list-style-type: none"> • Current or past job or union • COBRA 	<ul style="list-style-type: none"> • Current or past job or union • COBRA
Other health coverage (If you meet eligibility requirements, you may qualify for some of these programs.)	<ul style="list-style-type: none"> • VA • IHS • Tribal clinics 	<ul style="list-style-type: none"> • VA • IHS • Tribal clinics <p><i>Note: These programs do not coordinate with Medicare, but Medicare-eligible people may also qualify for this coverage.</i></p>

Need more help?

Call our Insurance Consumer Hotline!

1-800-562-6900

Our professional consumer advocates enforce insurance law and can investigate complaints against insurance companies and agents on your behalf.

We also offer individual counseling and group education on health care issues in your communities. Our highly trained Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine volunteers can help you understand your rights and options regarding health care coverage, prescription drugs, government programs, and more.



LOCAL HELP FOR PEOPLE WITH MEDICARE

This publication may have been partially funded by grants from the Centers for Medicare & Medicaid Services and the U.S. Administration on Aging.



SHP511-2079-SHIBA-Booklet-Disabilities-EN-01/07